PHARMACY REVIEW
SUBMISSION

Submission to the Pharmacy Remuneration and Regulation Review

September 2016
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“Every time...I step into a community pharmacy...I feel a sense of pride.”
In my position, I am fortunate to walk into a community pharmacy nearly every day. And every time, I feel a sense of pride.

It is evident that customers are not afraid to walk in and ask personal, detailed and often very confidential health questions of their pharmacist. And it is equally evident that they receive trusted counsel, professional advice and quality service in return.

It is patient-centric care that ranges from the seemingly innocuous to the potentially lifesaving.

This level of care has been made possible by the regulation and funding framework that exists in Australia today.

To demonstrate our case for community pharmacy, members of Terry White Chemists, Chemmart and Chemplus pharmacies spent a day documenting the role they play “beyond dispensing”. Their examples are provided throughout this submission and we believe the results speak for themselves.

It is this “beyond dispensing” role that member pharmacists and proprietors would respectfully ask the Review to acknowledge and recognise. Dispensing medicines and providing meaningful pharmacy services is not “ordinary commerce”, and the current system needs to be enhanced - not destroyed.

The current remuneration paradigm underpins patient-centric care provided by pharmacists to patients across Australia. The cross-subsidy inherent in the dispensing fee supports the timely and targeted delivery of a broad range of services that are easily accessible and would cost more under the fee-for-service model. The potential for pharmacists to perform a broader role in the delivery of accessible and cost effective community based health care services should also be recognised. First, by removing the roadblocks that prevent qualified pharmacists from providing the care options that consumers want and second by funding, in addition to the current dispensing fee, a range of evidence-based professional services. We have detailed some of the roadblocks and services that should be funded in Section 3 of this submission.

The Pharmacy Board of Australia should be empowered to more actively monitor compliance with their Guidelines for Proprietor Pharmacists. This will help address concerns that some pharmacies could take advantage of the cross-subsidy and further lift standards of patient care. Community pharmacies should be required to demonstrate that the workflow arrangements in the pharmacy ensure that a pharmacist is accessible to the consumer when they are selecting products that are associated with a therapeutic claim.

Australia’s pharmacy ownership and location rules forge the community connection between pharmacists and their patients. If chain retailing were to be permitted, that local connection is likely to be lost and the cross subsidy won’t work.

Furthermore, chain pharmacies are unlikely to provide additional unfunded services and it is unrealistic to think a standards regime could “require” chain pharmacies to replicate the services being delivered today by pharmacist owned pharmacies.

By contrast, the role of Terry White Chemists, Chemmart and Chemplus pharmacies has its roots in the early 1900s and remains as relevant today as it was then. Most pharmacy banner groups started as cooperatives because pharmacy owners wanted to focus on their professional responsibilities and on their role “beyond dispensing”. Banner and franchise groups such as ours make this possible by providing the systems and buying clout that pharmacy owners need to efficiently provide low prices and a comprehensive range of products and services to their customers.

It means that the pharmacy owners can be empowered to focus on their professional role in the context of their local community.

It is this local connection and the professional motivation of pharmacy owners that delivers the cost-effective model we have today.

Anthony White
Chief Executive Officer
Terry White Management
The Terry White Group and Chemmart Pharmacy are united in their commitment to improving the access and quality of healthcare for all Australians through our national network of accessible community pharmacies.

The acquisition of Chemplus Pty Ltd by Terry White Group in 2015 and the recently announced merger with Chemmart Pharmacy will bring together Australia’s leading health-focused pharmacy brands. The additional resources at the disposal of the new group will allow its independent pharmacist owners to focus on the healthcare of their patients.

Consolidation of pharmacy brands in Australia supports efficient, quality care outcomes and increases capacity to invest in innovation and the development of pharmacy-based services.

The Terry White Group and Chemmart Pharmacies were both created by pharmacist owners. The aim of the combined group is to provide the support service that pharmacist owners need, in order to facilitate the delivery of superior professional pharmacy care in addition to competitive pricing.

This franchise support has been required by pharmacies since the early 1900s and the combined group is proud of its role today. Without this type of support, many community pharmacy owners would find it difficult to find the time and the resources required to support the healthcare needs of their patients.
a. Consumers benefit from safe, timely and professional access to medicines

Therapeutic goods are not ordinary items of commerce. It is particularly important that the supply and use of medicines is safe and appropriate. Every medicine is a poison if not used correctly, and it is the role of the pharmacist within our healthcare system to ensure that the community utilises these products in the most efficacious manner, while exposing them to the lowest possible risk.

The process of dispensing is a complex professional service, and it is this level of complexity that is often underestimated by the general population and other healthcare practitioners alike. Dispensing is a time consuming process, incorporating a wide range of activities including patient consultation, medicines review, professional judgement, professional collaboration, technical precision, stock management, and information provision.

Despite the continuous evolution of the technical aspects of medicine dispensing, the professional and patient-centric aspects of the process remain the mainstay of this critical interaction. The moment a patient takes possession of a medicine is an unavoidable point of significant risk. Ensuring this transition of care and responsibility is managed in a pharmacy, and with a pharmacist’s professional advice, constitutes an effective and cost-efficient way to mitigate that risk - one that is unrivalled in its quality, reliability and efficiency.

Given the propensity for mismanagement of medicines when they are provided without appropriate and accurate professional advice, increasing workloads have the potential to reduce the pharmacist’s ability to manage this risk effectively.

Pharmacy remuneration per prescription, and hence, remuneration per critical interaction, is declining, putting pressure on the level of professional input that can be provided, which in turn increases the risk of:

- Sub-optimal medication use and poor outcomes
  - This undermines the assumptions made about therapeutic course adherence by the Pharmaceutical Benefits Advisory Committee when recommending subsidisation.
  - This increases the risk of therapeutic failure, increased morbidity, GP consultations, hospital admissions and reduced quality of life.
- Medication misuse and poor Adverse Drug Reaction awareness
  - This leads to an increase in drug related injury and potentially preventable hospital admissions.
  - It is estimated that 12% of all medical admissions and 20-30% of all admissions for those aged 65 years and over is medication-related; resulting in hospital separations already costing $1.2 billion in 2011-121.

“Medicines are the most common treatment used in healthcare and contribute to significant improvements in health when used appropriately. However, medicine use can also be associated with harm and the common use of medicines means they are associated with more errors and adverse events than any other aspect of healthcare. While rates of serious harm are low, errors do affect health outcomes for people and healthcare costs. The prevalence of medication errors is of particular concern because the majority of these errors are preventable.” - Professor Lloyd Sansom AO, 20131.

A number of specific factors are increasing the pressure at the critical point when a patient takes possession of a medication, including:

- Declining funding for professional input;
- An ageing Australian demographic that is increasing professional requirements;
- An increased pharmacist scope and higher public expectations; and
- The increasing cost of providing modern pharmacy care.
DECLINING FUNDING FOR PROFESSIONAL INPUT IS PUTTING PATIENTS AT RISK

In the period 2010 - 2015, total Pharmaceutical Benefits Scheme (PBS) prescription numbers (including non-subsidised) increased by 8.8%, while remuneration per script reduced by 11.5%

Non-subsidised prescriptions (under co-payment) increased in this period by 15% as a result of price disclosure and patent expiry.

Increasing labour costs combined with reduced remuneration for the same work can result in undue pressures on wages in community pharmacies, resulting in either unmanageable workloads for individual pharmacists or the reduced financial viability of the pharmacy business.

THE PROFESSIONAL INPUT REQUIRED TO SUPPORT AN AGEING AUSTRALIAN DEMOGRAPHIC IS INCREASING

24% of Australians over the age of 50 take medication to manage more than one on-going medical condition.

The Australian Bureau of Statistics suggests that the number of Australians in the >65 age bracket will increase more rapidly over the next decade and almost double in the next 25 years.

Increased demand for aged care placements, leading to a greater requirement for maintaining people’s independence in the community through Home Care Packages and Medication Management Services from community pharmacy.

Due to the rapidly increasing aged population in Australia, compounded by the increasing use of more complex medications in the community, the process of dispensing will become more critical in the mitigation of medication related risks and in the promotion of the quality use of medicines.

THE INCREASING PHARMACIST SCOPE AND HIGHER PUBLIC EXPECTATIONS HAVE NOT BEEN RECOGNISED IN FUNDING LEVELS

In recent years, the pharmacist’s role has expanded in scope including (but not limited to) the following non-remunerated and under-remunerated activities:

- Absence from Work Certificate provision;
- Influenza, pertussis, and measles immunisation program involvement;
- Medication management program involvement;
- Dose Administration Aid provision;
- Staged Supply provision;
- Adherence support services;
- Clinical intervention recording;
- Screening and risk assessment services; and
- Minor aliment and other primary care services.

Alongside consistent increases in prescription workload pressures, the additional services performed by pharmacists further tighten time constraints on what can be achieved in the community pharmacy practice, meaning the public may be put at greater risk due to the strain placed on individual pharmacists to deliver the highest standards of professional care.

As a direct result of continuously declining remuneration, employee pharmacists are expected to perform this critical professional role for a relatively low wage, in stark contrast to previous generations and other equivalently qualified health professionals.
The established remuneration system, including the dispensing fee, supports dispensing as a critical professional service and is targeted to where the most significant benefit exists.

THE COST OF PROVIDING MODERN PHARMACY CARE IS INCREASING

Modern pharmacy fit-outs include, but are not limited to:

- Efficient, safe and private dispensary areas that promote the extended role of the pharmacist and patient access to professional advice;
- Private, comfortable and fully-equipped consulting suites; and
- Advanced IT solutions including dispensing infrastructure, stock handling automation, and medicine scanning hardware, as well as electronic patient record and My Health Record system capability.

Costly professional workplaces
Professional fit-outs, enabling the extended role of the pharmacist and patient access to professional advice, commonly cost between $1,200 to $2,000 per square metre across the entire leased space. Pharmacies do not receive any financial support to create or maintain these highly regulated and costly professional workplaces, unlike for some other health professionals and settings.

Pharmacy co-payment discount
The introduction this year of the first permissible discount for the PBS patient co-payment by up to $1 has impacted directly on the profitability of community pharmacy and has undermined the universality and equity principles of the PBS. In-line with normal commercial pressures and a commitment to deliver best possible marketplace value, Terry White Group pharmacies offered the non-mandatory discount. These circumstances have effectively introduced a new cost for pharmacies in providing professional services to the public.

High cost medicines
The recent PBS listing of high cost medicines to treat Hepatitis C (up to $22,000.00 for a single dispensed quantity) has highlighted serious cash flow, GST, and insurance issues for community pharmacies. The number of high cost medicines that patients will access in the community is likely to grow, putting further pressure on community pharmacy viability.

As pharmacy remuneration is a focus of the Review, we recommend that these concerns are taken into account and that the Review recommend a level of on-going funding that reflects the level of professional input and infrastructure required to dispense a medicine safely and appropriately. The established remuneration system, including the dispensing fee, supports dispensing as a critical professional service and is targeted to where the most significant benefit exists. **(Recommendation 1)**

Safe and effective pharmacy services are also increasingly dependent on access to accurate information and integrated care concepts. Consumers are not able to get the full benefit of the professional services delivered in a pharmacy because pharmacists cannot extract full value from this critical point of care without full access and contribution to electronic medical records, tools and the integrated primary healthcare community.

In addition to working in a highly collaborative professional environment, pharmacists in hospital and other clinical settings have had access to shared patient information - including pathology results, current medical conditions and other critical health information - for many years. Community pharmacy has far less access to this environment and information, making professional decision making more challenging, and needlessly increasing pressure on the core role of the community pharmacist.

Comprehensive access to electronic medical records and tools, as well as integration into healthcare home models for community pharmacists must be accelerated to close this critical gap. Community pharmacists need to have full access to the My Health Record system and must be involved in all primary care developments, including the Health Care Home initiative, to ensure integration and efficiency in the promotion of best possible patient outcomes.

It is critical that professional pharmacy services and non-prescription medicines are included as core information in the My Health Record system. Pharmacists working in community pharmacy are the most appropriate professionals to contribute this information to the system - information that is essential in order for other healthcare professionals to properly use the My Health Record system for patient benefit. **(Recommendation 2)**
Community pharmacies provide a range of critical services funded through the current base funding model in-line with quality use of medicines principles and to promote best possible patient outcomes.

A fee-for-service model for many of these services is not likely to be cost effective alongside the current cross-subsidy model. Any further reduction in basic remuneration for quality dispensing services will put patients at risk and force community pharmacies to cut basic services that are not amenable to fee-for-service payments. (Recommendation 3)

Current payments fund essential professional services which underpin quality dispensing outcomes and are essential to cross-subsidise a broad range of health services that could not be funded effectively through a fee-for-service model, or be described as stand-alone activities in professional standards. If these services are excluded from the current cross-subsidisation model, they are at risk of not being provided.

A selection of critical services funded efficiently through the current cross-subsidy model were examined in a survey of Terry White Chemists, Chemmart and Chemplus pharmacies conducted in early September 2016 which received 156 responses. 5

Examples of critical services highlighted by the survey include:

- Highly integrated workforce development;
- Committed community engagement;
- Critical services for vulnerable patients;
- Emergency and out-of-hours care; and
- Everyday professional advice.

More than 70% of respondents had employed at least one Intern Pharmacist since the start of 2012. Approximately 12% had employed at least one Intern Pharmacist each year in the same period.

Of the health professions governed by the Australian Health Practitioners Regulation Agency only Pharmacy and Medicine require the completion of an intern training year after graduation from approved university programs. However, unlike in Medicine where all internships are funded through public hospitals, a majority of Pharmacy internships are provided and funded privately through community pharmacy.

More than 70% of survey respondents had employed at least one pharmacy student since the start of 2012. More than 20% had employed at least one pharmacy student per year in the same period.

Approximately 50% of survey respondents had hosted four or more pharmacy students on university placement since the start of 2012. More than 5% had hosted more than 20 students on placement in the same period.

The provision of professional placement sites, assessment and mentoring for pharmacy students is currently cross subsidised by community pharmacies.
CASE STUDY: EXTRAORDINARY EVERY DAY CARE

“I was dispensing a cortisone cream to a grandmother collecting on behalf of her young grandson who had just been diagnosed with eczema. She was very concerned not only about what it was doing to his skin but also how it was affecting him emotionally. Instead of just giving her the cream, I took her to our consult room and we talked for 25 minutes about some lifestyle changes she could help make.

I printed some information for her, worked with her to plan an achievable skin care routine and made sure she didn’t leave until she was confident she had the skills and knowledge to help her grandson. Today, she came back to the pharmacy just to say thank you for giving her back her happy boy.”

Renee Wynne, Golden Grove Chemplus (SA)

DATA: A SAMPLE OF CROSS SUBSIDISED COMMUNITY ENGAGEMENT

More than 95% of survey respondents directly supported at least one charity or other community group during the year, and more than 50% supported six or more groups.

Approximately 80% of survey respondents had volunteered at least once in a professional capacity (e.g. speaking to a community group) during the year, and more than 45% had done this three or more times.

As community pharmacies are distributed in highly accessible locations, they are frequently located in highly competitive retail environments, including shopping centres. This results in additional fees being incurred by pharmacies, in addition volunteer time, during many community engagement activities such as health promotion events.

DATA: A SAMPLE OF CROSS SUBSIDISED PATIENT SERVICES

More than 85% of survey respondents provide free medicine re-packing services for their patients who had medicines dispensed elsewhere (e.g. on discharge from hospital).

More than 95% of respondents provided free delivery services in order to promote good health outcomes for their patients.

All survey respondents facilitated GP communication or owing prescriptions in order to promote good health outcomes for their patients.

More than 95% of respondents extended credit in order to promote good health outcomes for their patients.

More than 95% of survey respondents gave away, or sold below cost, products or services that promote good health outcomes for their patients at least monthly, and more than 35% did this daily.

More than 90% of respondents took after-hours phone calls or made after-hours call-outs to promote good health outcomes for their patients at least monthly, and more than 20% did this at least daily.

More than 60% of survey respondents opened their pharmacy outside of trading-hours to provide essential services with no additional charge at least once a month and more than 10% did this at least daily.
When recommending any medicine, a pharmacist must ensure balanced evidence-based information is provided to the consumer while recognising and respecting cultural, belief and value differences. This frequently requires a personal consultation between the consumer and the pharmacist.

All products available in a community pharmacy that are perceived as health products by the consumer, other than devices, should be considered as medicines. This includes complementary medicines, vitamins, and supplements. The supply of any product in a community pharmacy (which means under the supervision of a pharmacist) should be considered as a professional interaction, with these products only supplied with appropriate advice, referral, and realistic expectations of benefit in the mind of the consumer.

Hence, pharmacists must be easily and practically accessible at the point where the product is available for selection by the consumer. This is the only way pharmacists can ensure balanced evidence-based information is provided to the consumer when selecting a medicine and this is the minimum requirement to meet quality use of medicines principles set out in Australia’s National Medicines Policy.

In order to increase compliance with Australia’s National Medicines Policy, new Quality Care Pharmacy Program (QCPP) standards could be created to ensure that a pharmacist is always easily and practically accessible at the point of consumer selection for all products considered medicines in a pharmacy. The staffing arrangements, store format and workflow of a community pharmacy would be assessed by QCPP assessors to ensure that this professional standard is met. (Recommendation 4)

c. Consumers benefit from competitive prices in pharmacy

There is strong price competition in the community pharmacy and supermarket retail channels. Consumers have a broad range of choice for price and service. The pharmacy sector alone is very competitive with approximately 5,500 participants and a large number of marketing groups, contrasting dramatically with grocery retailing which is dominated by two major supermarket chains.

Supermarkets are often more expensive for health and beauty products compared with community pharmacies supported by the major banner groups. A 2015 CHOICE investigation found that community pharmacies had the same or better prices when making a brand-for-brand comparison with supermarkets. The investigators also noted that when in pharmacies they were often offered assistance and usually by more than one person, although the research did not set out to assess this.

As has been well documented, prescription medicine prices have declined substantially over time and continue to do so. General (non-concessional) patients have experienced a significant reduction in the price of prescription products.
d. Private health insurance can play a clearer role in primary care and pharmacy service delivery

Private health insurance benefits paid to users of non-PBS medicines is not well understood by consumers. There are many different and complex policies across the private health insurance industry, and consumers are often unaware what they can and cannot claim for. Prescribing doctors and dispensing pharmacists are similarly overwhelmed with the complexity of the policies, with consumers often not getting full value for money.

To facilitate transparency and fairness, health funds should offer a standard pharmaceutical extras cover product, which would allow consumers and health professionals alike, to better understand these benefits. In the case of health professionals, a clear list of these medicines would assist in explaining the out-of-pocket costs of a treatment to the consumer. This would still provide commercial flexibility and allow a health fund to offer additions and variations to the cover in order to attract particular customer groupings.

As the Australian Government subsidises private healthcare via the Private Health Insurance Rebate, it is in a position to stipulate criteria under which that rebate will apply. Using its influence, the Australian Government could impose a standard set of coverage criteria across health funds.

Many policies include exclusions and rules which frustrate consumers and health professionals alike. These circumstances are often the result of policy formation skewed considerably by commercial incentives, in response to consumer demand, without the benefit of healthcare expertise or evidence. As therapeutic goods and services are not ordinary items of commerce, it is particularly important that the promotion and subsidy of them is underpinned by an evidence base and an appropriate regulatory framework. A comprehensive system for this in the private health insurance industry does not currently exist.

For example, a current NIB policy specifically excludes contraceptives and compounded medicines - an anomaly that is not based on a rational assessment of consumer need. It is unreasonable that consumers express frustration with health professionals, including pharmacists, about private health insurance benefit confusion and out-of-pocket healthcare costs when the source of the problem is actually the nature of the health fund offer itself.

Private health insurance offers for standard core extras could comply with an agreed set of criteria, which could be set independently by the Australian Government or an expert committee appointed by the Australian Government.

For example, agreed criteria for the pharmacy component of the standard core extras could include:

- Prescription Only Medicine (S3) inclusion list;
- Clear definitions for professional pharmacy services, out-patient pharmacy services, and general community pharmacy;
- Standard waiting periods;
- Standard annual claim level per person, per calendar year; and
- PBS co-payment entitlement standards.

(Recommendations 5 and 6)
RECOMMENDATIONS

1. Remuneration levels for dispensing services must be maintained and increased.

2. Pharmacists must be provided full access to the My Health Record system, which must include the listing of pharmacy services and non-prescription medicines, and must be involved in primary care developments including the Health Care Home initiative.

3. Fee-for-service payments should not replace or supersede any specified activity covered by the current dispensing fee.

4. New standards within QCPP should be introduced to ensure that a pharmacist is always easily and practically accessible at the point of consumer selection for all products considered medicines in a pharmacy.

5. Private health insurance policies should include an offer for a standard set of core extras, always including pharmacy services.

6. Private health insurance offers for standard core extras should comply with an agreed set of criteria set by the Australian Government or an expert committee appointed by the Australian Government.
PHARMACIST OWNERSHIP, LOCATION RULES AND FRANCHISE REGULATIONS

a. Independent pharmacist ownership is profession-centric

As therapeutic goods are not ordinary items of commerce, the Australian regulatory environment includes complex controls at the unique intersection of pharmacy ownership legislation, community pharmacy location rules, and franchise regulations. Of all therapeutic goods, it is particularly important that the use of medicines is safe and appropriate, hence the highly evolved regulatory state in Australian community pharmacy.

The Pharmacy Board of Australia’s Guidelines for Proprietor Pharmacists focus on the professional responsibilities of proprietor pharmacists that relate to the safe and effective delivery of services to the public. They set out what a registered pharmacist who is a proprietor of, or who has a pecuniary interest in, a pharmacy business, must do.

These guidelines reflect the unique value that pharmacist proprietorship offers the community and reinforces why the legislative basis for this was initially contemplated. That is, pharmacist proprietorship, in the interest of consumer safety:

• Maintains a professional manner in which the pharmacy practice is conducted;
• Ensures independence of professional decision making within the pharmacy practice; and
• Guarantees capacity for professional intervention to ensure that the practice of pharmacy is conducted in accordance with applicable laws, standards and guidelines.

Non-compliance with these established guidelines and operating a community pharmacy contrary to these guidelines undermines community safety and the unique value of pharmacist proprietorship.

To maintain community safety and extract proper value from the well-established community pharmacy legislative framework, robust and reliable systems to assess compliance with the Pharmacy Board of Australia’s Guidelines for Proprietor Pharmacists could be developed. (Recommendations 7, 8 and 9)

The creation of this new high value system will present the opportunity to ensure the Pharmacy Board of Australia’s Guidelines for Proprietor Pharmacists are enforced; maximising public safety and ensuring continuous quality and value in the community pharmacy sector.

b. Location rules need to be maintained but require modest reform

Pharmacy location rules have been central to reducing the cost to the Australian Government of providing pharmaceutical benefits while maintaining an acceptable level of community service. The location rules have worked well and have evolved over time to address unintended consequences. This is evident from the history outlined here. (Recommendation 10)

Prior to 1990, it was widely accepted that there were too many pharmacies in Australia exacerbated by the oversupply and clustering of pharmacies in densely populated areas, high streets and shopping strips.

The structural reform that followed included the closure or amalgamation of many community pharmacies.

Payments for these pharmacy closures and amalgamations were made in the form of a package funded by the Commonwealth. The Second Community Pharmacy Agreement (1995 to 2000) included the following general objectives:

• To maintain the benefits of restructuring and continue to enhance the development of an effective, efficient and well distributed community pharmacy service in Australia; and
• Not to provide for an increase in the number of approved pharmacies but rather to encourage the relocation of existing pharmacies.

The Rules under which approval is granted to supply PBS medicines have changed progressively with each successive Community Pharmacy Agreement.
Prior to the introduction of new Rules in October 2011, new approvals given to pharmacists were very limited with the focus and intent of the Rules being on the relocation of existing approvals.

Over time, the focus on relocation promoted the practice of pharmacists trading in approvals and in the period leading up to October 2011, it was common practice for approvals to be bought and sold for up to $500,000 and sometimes more. This practice also had the result of a return to the clustering of pharmacies in more densely populated areas.

The Fifth Community Pharmacy Agreement in 2010 included principles and objectives to ensure the Rules benefitted the Australian community including increased access to community pharmacies for the population of rural and remote areas. The specific objectives of the Rules were to ensure:

- All Australians had access to PBS medicines;
- A commercially viable and sustainable network of community pharmacies dispensing PBS medicines;
- Improved efficiency through increased competition between pharmacies;
- Improved flexibility to respond to the community need to respond to pharmacy services;
- Increased local access to community pharmacies for persons in rural and remote regions of Australia; and
- Continued development of an effective, efficient and well-distributed community pharmacy network in Australia.

The Rules were subject to a review required by the Fifth Community Pharmacy Agreement and new Rules came into effect in October 2011. The new Rules were intended to simplify the application process and encourage pharmacies to be established in areas of community need. There was a significant change of focus away from relocation rules to new approval rules. With the exception of short relocations (up to 1km), new approvals could no longer be relocated. This put an end to the practice of trading in new pharmacy approvals.

The Rules relating to relocating approvals were replaced with rules for new approvals to make it easier to establish a pharmacy in appropriate facilities (facilities refers to shopping centres, medical centres and private hospitals) and in areas of community need. This change has led to an undesirable unintended consequence for pharmacies located in large shopping centres. Pharmacists often find themselves in an unfair negotiation situation when the term of the lease expires or if the lease is terminated early, as in the case where a shopping centre undergoes a redevelopment.

The pharmacist, who has often over the term of the lease established and built up a business and substantial local and personal goodwill, is confronted with not having a lease and the prospect of having to walk away from the business if a new lease cannot be negotiated. The landlord is in a position of being able to negotiate a new lease on ‘take it or leave it’ terms with the knowledge that either:

- The sitting pharmacist will be forced to accept a new lease at a rent significantly higher than what is reasonable in the market in order to retain their business; or
- The landlord can refuse to provide a new lease to the sitting pharmacist but offer a lease of the same premises to another pharmacist at the higher rent, aware the other pharmacist will pay the higher rent because they will in effect acquire the goodwill of the business of the sitting pharmacist for nothing.

This results in an unfair bargaining situation between the landlord and the sitting pharmacist.
This very difficult situation is complicated by the Rules, which place an added restriction on relocating an approval that is in a facility. Although the Rules allow an approval to be relocated up to 1km, if the approval is in a facility then the approval, when relocated, cannot be within 500m of the nearest approved pharmacy. This means that even if the sitting pharmacist in the facility decided to try to retain their business and relocate out of the facility, not only do they have to be able to locate and secure suitable premises within 1km of the facility but they have the further restriction of not being within 500m of the nearest approved pharmacy.

To address this and other issues that arise from time to time with the robust location rules, an independent expert working group should be tasked with providing a thorough assessment of the options to prevent unfair lease scenarios occurring including a full description of the predicted consequences for all options. *(Recommendation 11)*

**RECOMMENDATIONS**

7. Develop a robust and reliable system to assess compliance with the Pharmacy Board of Australia’s Guidelines for Proprietor Pharmacists.

8. Enforce the Pharmacy Board of Australia’s Guidelines for Proprietor Pharmacists.

9. Maintain the Franchising Code rules and ensure compliance with disclosure rules, especially around lease and sub-lease arrangements.

10. In order to maintain maximum value from the well-established cross-subsidised remuneration system, pharmacy location Rules should be retained.

11. Consider the formation of an independent expert working group to provide a thorough assessment of the options to prevent unfair lease scenarios occurring, including a full description of the predicted consequences for all options.
3. OPPORTUNITIES FOR BETTER HEALTHCARE OUTCOMES CAN BE REALISED BY REMOVING REGULATORY ROADBLOCKS IN COMMUNITY PHARMACY

a. Optimising immunisation in Australia

Vaccination services in Australian pharmacies are safe and effective. Expanding these services to cover all standard vaccinations including National Immunisation Program (NIP) Schedule services, with fair remuneration, has the potential to dramatically improve Australia’s immunisation status, maximising individual and population benefits.

Since 2011, Terry White Chemists community pharmacies have administered more than 123,000 influenza vaccinations. In 2015 this was expanded to include measles, mumps, rubella and diphtheria, tetanus and pertussis in more than 60 Terry White Chemists Queensland pharmacies.

Results from post vaccination surveys of more than 7,700 patients from Terry White Chemists pharmacies participating in the Queensland pharmacist immunisation pilot (QPIP) in 2014 showed that:

- More than 96% of patients were very satisfied with the service from the pharmacist;
- 10% were eligible for the National Immunisation Program (NIP), but still chose the pharmacy for their vaccination;
- 15% had never received the vaccination before; and
- More than 17% would have not received the vaccination if it had not been available in the pharmacy.

Extrapolating these results, it is reasonable to conclude that since 2011 Terry White Chemists community pharmacies have:

- Vaccinated more than 20,000 individuals who would not have otherwise sought vaccination; and
- Vaccinated more than 18,000 individuals who had not had the vaccine before.

Expanding the vaccination service will complement existing immunisation services for adults and add to better vaccination rates across the country. Examples in Canada have shown remuneration of pharmacist vaccination service leads to an overall lift in vaccination rates. In order to optimise immunisation programs in Australia, and receive the notable public and individual health benefits of improved vaccination rates, State and Territory legislation could be modified to extend the range of vaccines permitted to be administered by approved pharmacists.

In addition to these apparent legislative improvements, pharmacist vaccinators could be admitted to the Immunise Australia Program and the National Immunisation Program (NIP) Schedule and be reimbursed commensurate with other approved vaccinators for equivalent services or be remunerated by private health insurance as a member benefit.

A national immunisation register for all Australians compatible with the My Health Record system and with the ability for all immunisers, including pharmacists, to be able to contribute to the universal record will support the efforts to optimise immunisation in Australia. (Recommendations 12, 13 and 14)

b. Increasing consumer choice and access to medicines

Australian consumers have compromised choice, poor access to, and information about medicines that can be safely provided by a qualified pharmacist without a prescription.

The re-scheduling of particular Prescription Only (S4) medicines to Pharmacist Only (S3) in association with agreed care standards is a safe and effective way of achieving better healthcare outcomes. Australia has not kept pace with other quality healthcare systems in terms of pharmacist provision of these particular medicines.

Agreed care standards that promote patient health outcomes can be easily and effectively developed. These support validated assessment methods, including point-of-care testing systems, decision making protocols, and compliance assessment frameworks.

To support informed consumer choice, it is important that when Prescription Only (S4) medicines are made more accessible and re-scheduled to Pharmacist Only (S3), that appropriate information about that medicine
and the change is permitted to be promoted in order to inform the public about the benefits.

It is also critical that professional pharmacy services and non-prescription medicines, including Pharmacist Only [S3] medicines, are included as core information in the My Health Record system. Pharmacists working in community pharmacy are the most appropriate professionals to contribute this information to the system - information that is essential in order for other healthcare professionals to benefit properly from the My Health Record system. *(Recommendation 2)*

Examples of medicines that could be re-scheduled from Prescription Only [S4] medicines to Pharmacist Only [S3] in association with agreed care standards are set out in the following Table.

The re-scheduling of appropriate medicines from Prescription Only [S4] to Pharmacist Only [S3] in association with agreed care standards will improve consumer choice, access to and information about, medicines that can be safely provided by a qualified pharmacist without a prescription. *(Recommendations 15 and 16)*

<table>
<thead>
<tr>
<th>Medicine or Medicine Class</th>
<th>Benefits <em>(improved consumer choice, as well as reduced costs to the healthcare system due to a reduction in GP and emergency consultations)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral contraceptives</td>
<td>Reduced number of missed doses and increased contraceptive cover means fewer unplanned pregnancies</td>
</tr>
<tr>
<td>Triptans</td>
<td>More successfully treated migraines and increased productivity</td>
</tr>
<tr>
<td>Trimethoprim (short course)</td>
<td>More successfully treated uncomplicated urinary tract infections and fewer serious complications</td>
</tr>
<tr>
<td>Phosphodiesterase 5 inhibitors</td>
<td>More successfully treated cases of erectile dysfunction and less use of counterfeit and unregulated medicines</td>
</tr>
<tr>
<td>Azithromycin (stat dose)</td>
<td>More successfully treated chlamydial infections means reduced sexually transmitted disease and complications (following a positive point of care test result).</td>
</tr>
</tbody>
</table>
c. Improve consumer access to professional medication administration services

Medication administration is a core competency for pharmacists who receive extensive training in the area. Pharmacists have demonstrated [vaccine administration services] a rapid uptake of any additional clinical training required to ensure the delivery of best practice clinical care. Allowing pharmacists to administer more medications in an approved, professional pharmacy setting will lead to improved access to these medications and more efficient use of healthcare resources.

Community pharmacy can be safely and appropriately recognised as a clinical setting for the administration of specialised medicines, provided the correct facilities are available. Systems to provide pharmacists delivering medication administration services reimbursement commensurate with other health professionals delivering equivalent services can be easily established, facilitated by a set of high quality standards covering medication administration in the community pharmacy setting. (Recommendations 17 and 18)

<table>
<thead>
<tr>
<th>Administration Requirements</th>
<th>Example Medicines, Administration Frequency and Indications</th>
<th>Current Access Points</th>
</tr>
</thead>
</table>
| **Subcutaneous injections** | • Enoxaparin (up to daily for treatment or prevention of blood clotting disorders)  
  • Erythropoietin (up to monthly for anaemia of chronic renal failure or due to cancer therapy)  
  • G-CSFs (as per treatment protocol for the reduction of neutropenia outcomes)  
  • Infliximab and etanercept (up to weekly for rheumatoid disorders) | A majority of subcutaneous injections are self-administered, however when training is required or there is a lack of confidence, home nursing services or GP visits are used. |

**Intramuscular injections**
• Medroxyprogesterone [every 12 weeks for contraception]  
  • Testosterone (up to two-weekly for androgen deficiency)  
  • Hydroxocobalamin (Vitamin B12, variable dose requirements)  
  • Depot olanzapine, risperidone, paliperidone  
  | GP, may use home nursing, hospital or specialist services |

**Intravenous infusions**
• Chemotherapeutic agents (numerous cancer therapies and frequencies)  
  • Anti-infective agents (numerous anti-biotic and anti-viral therapies and frequencies)  
  | Hospital or home nursing services |
d. Remove the funding roadblock for essential evidence-based professional programs

Community pharmacy has the capacity to deliver highly accessible, consistent, high quality, cost effective and integrated health screening and monitoring services.

Fee for service models for essential evidence-based professional programs have been trialled within the Chemmart Pharmacy network with differing levels of success. A diabetes and cardiovascular screening program was implemented in 2011 at a cost to the consumer of $20. In February 2016, Chemmart offered this as a free service, resulting in a 1200% increase in uptake.

Patient and health system benefits from this program were significant, the service being associated with a large number of targeted referrals to General Practice, including individuals who would not have otherwise sought medical assessment or screening services. This illustrates that the out of pocket costs associated with pharmacy services is a barrier to consumer uptake, and thus, reduced efficiency of the integrated primary care network.

Large segments of the community who would otherwise not access services and remain at risk of poor health outcomes would benefit immediately from these services. Remuneration systems to provide reimbursement proportionate to other health professionals in delivering health screening and monitoring services can be easily established. (Recommendations 19 and 20)

Community pharmacies can deliver effective and high quality health programs, including but not limited to the following:

- **Cardiovascular disease management including:**
  - Risk assessment;
  - Hypertension monitoring; and
  - INR monitoring and medication dose optimisation.

- **Diabetes disease management including:**
  - Risk assessment;
  - Disease monitoring; and
  - Insulin titration and medication review.

- **Minor aliment and other primary care services.**
RECOMMENDATIONS

12. State and Territory legislation should be updated so the range of vaccines permitted to be administered by approved pharmacist vaccinators is extended to align with other approved vaccinators.

13. Approved pharmacist vaccinators should be admitted to the Immunise Australia Program and the National Immunisation Program (NIP) Schedule.

14. Approved pharmacist vaccinators should be reimbursed commensurate with other approved vaccinators for equivalent services.

15. New priority should be given to the re-scheduling of appropriate medicines from Prescription Only (S4) to Pharmacist Only (S3) in association with agreed care standards.

16. The promotion of appropriate information about medicines that have been re-scheduled from Prescription Only (S4) to Pharmacist Only (S3) should be permitted, to support informed consumer choice.

17. Standards should be developed for the fit-out requirements for community pharmacy to be recognised as a clinical setting for the administration of specialised medicines.

18. Pharmacists delivering medication administration services should be reimbursed commensurate with other health professionals delivering equivalent services.

19. Community pharmacies should have access to reimbursement commensurate with other health professionals in delivering health screening and monitoring services.

20. Scientifically rigorous and economically evaluated research must be conducted in community pharmacy to establish which professional services return the greatest value for consumers and the health system.
1. Remuneration levels for dispensing services must be maintained and increased.

2. Pharmacists must be provided full access to the My Health Record system, which must include the listing of pharmacy services and non-prescription medicines, and must be involved in primary care developments including the Health Care Home initiative.

3. Fee-for-service payments should not replace or supersede any specified activity covered by the current dispensing fee.

4. New standards within QCPP should be introduced to ensure that a pharmacist is always easily and practically accessible at the point of consumer selection for all products considered medicines in a pharmacy.

5. Private health insurance policies should include an offer for a standard set of core extras, always including pharmacy services.

6. Private health insurance offers for standard core extras should comply with an agreed set of criteria set by the Australian Government or an expert committee appointed by the Australian Government.

7. Develop a robust and reliable system to assess compliance with the Pharmacy Board of Australia’s Guidelines for Proprietor Pharmacists.

8. Enforce the Pharmacy Board of Australia’s Guidelines for Proprietor Pharmacists.

9. Maintain the Franchising Code rules and ensure compliance with disclosure rules, especially around lease and sub-lease arrangements.

10. In order to maintain maximum value from the well-established cross-subsidised remuneration system, pharmacy location Rules should be principally retained.

11. Consider the formation of an independent expert working group to provide a thorough assessment of the options to prevent unfair lease scenarios occurring, including a full description of the predicted consequences for all options.

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5. REFERENCES


6. **APPENDIX**
THE EXTRAODINARY.
EVERY DAY. PHARMACIST
CASE STUDY BOOKLET
THE EXTRAORDINARY.
EVERY DAY.

Feedback from pharmacists for consideration by the Pharmacy Remuneration and Regulation Review

September 2016
Every day, pharmacists go to extraordinary lengths to provide the trusted counsel, professional advice and quality service Australians have come to expect.

To demonstrate our case for community pharmacy, members of Terry White Chemists, Chemmart and Chemplus pharmacies spent a day documenting the role they play “beyond dispensing”.

Some of their examples are provided in full in this document – and we believe the results speak for themselves.

**PHARMACIST FEEDBACK.**

**RENEE WYNNE, PHARMACIST PROPRIETOR**

Pharmacy: Golden Grove Chemplus (SA)

There are many services we provide for our patients on a daily basis for no charge.

Last week, I was giving out a script for a cortisone cream to a grandmother collecting on behalf of her young grandson. While I was counselling her, she revealed she was caring full time for her two young grandchildren, and one of the children had just been diagnosed with eczema. She was very concerned not only about what it was doing to his skin, but how it was affecting him emotionally.

Instead of just giving her the cream, I took her to our consult room and we talked about some lifestyle changes she could make to help her grandson’s skin and get him back on track. I printed her some information about eczema and then worked with her to plan an achievable “skin care” routine based on her normal daily activities. I made sure she didn’t leave until she was confident she had the skills and knowledge to help her grandson, and reassured her she was welcome to come back or phone us if she had any more questions or needed more support.

Today, she came back to the pharmacy just to say thank you. Sharing 25 minutes of my time had made a huge difference to her grandson, and also to her. She said the skin care routine we’d worked out had become a fun ritual for both of her grandchildren every night and her grandson’s skin had shown great improvement, giving her back her happy boy.

This is just one of many examples where dispensing a script becomes an opportunity to truly value health and provide a service that makes a difference.

**CHRISTO BIVEN, PHARMACIST**

Pharmacy: West Lakes Chemplus (SA)

Just one of the many interactions with customers from today.

A patient presented asking for a magnesium supplement, which was recommended by her physio for aching legs. On further questioning it was discovered she was also taking a high dose statin, and had been for many years. The aching legs also appeared around the same time as a dose increase she had had some months earlier. She had not reported aching legs to her GP as she did not think it was relevant to her cardiovascular therapy and treatment.

With our help, referral to the local GP clinic was done and an appointment made for that day to be assessed for myopathies associated with statin use and a review of her cholesterol lowering medication. The patient left the pharmacy very grateful for the input and appreciated the time we put into ensuring a positive health outcome for her.
MARK SOPH, 
PHARMACIST PROPRIETOR

Pharmacy: Kapunda and Edunda Chemplus (SA)

Some quick everyday case studies for consideration by the Review.

Hypoglycaemic patient: Regular client Chris had been out all day shopping and presents in the shop late that afternoon. She is pale, barely coherent and confused but obviously on a mission to get the day done. Even from the dispensary we could see all was not well. All dispensary activity ceased and I approached Chris. It was obvious she was hypoglycaemic. We sat her down, started hydration and glucose supplements. Then we started chasing for a responsible family member, while we told Chris we would not let her leave and attempt to drive the next 30km home. Her husband was found and Chris safely collected and returned to home. The following week she dropped in with a lovely plate of farm biscuits and a thank you to all. NO REMUNERATION.

Liaison with GPs: If a customer presents requesting some form of self-medication or treatment, I will often leave the normal work flow and engage in depth with what customer wants or thinks they need – and, based on my assessment of the situation, I may refuse supply. Depending on severity of the issue, I will call local medics and explain that I have refused any OTC products until patient is seen by a GP and cleared for self-treatment (I explain same to customer). NO REMUNERATION.

Heartburn patient: Patient came into pharmacy requesting something for heartburn. The first point of contact was the pharmacy assistant who referred him to the pharmacist in charge. On further questioning by the pharmacist regarding specific symptoms, he said he also had pains down his arms and nothing he had tried already seemed to be working. He had these heartburn symptoms for a while.

The pharmacist was aware that this was not typical for heartburn and that the patient needed to be referred to the doctor ASAP. Not wanting to alarm the patient but knowing urgent medical attention was required, the pharmacist explained that for those symptoms, it would be best to go to the doctors straight away and explain the doctor about the pains in the arms.

Several hours later the patient came into the pharmacy again to say that he just went to the doctor for his heart burn symptoms but had been to the hospital for tests and the doctor had organised other appointments for him. A few days later he had triple bypass surgery.

His family rang to ask who he had spoken to on the day he came in for something for his heartburn and said thank you for recognising and referring to the doctor on that day. He has made a full recovery and comes in the pharmacy weekly for dose administration aid packs. NO REMUNERATION.

Traveller on houseboat: Interstate visitor cruising the Murray River on a houseboat berthed at Morgan has run out of warfarin and he is two days by river from nearest pharmacy on this Saturday. Patient rings me in Kapunda for help; having got details, I arranged for my employee at Morgan to meet up with patient at our depot at Morgan. She faxes scripts to me at Kapunda which I process. After closing Kapunda shop at midday, Morgan shop employee and I start driving towards each other and meet half way (180km for each of us). Exchange paperwork and medications on side of road, patient receives medication/stays alive and continues on holiday. 2 DISPENSING FEES.

Pain relief for terminal cancer child: It is a late Friday afternoon. A GP has an urgent need to vary a young girl’s pain relief in the last stages of home care. I don’t have required medication in store, nor is it in any town nearby. I am able to arrange for the medicine to be put on the last bus to Nuriootpa. I close my Kapunda store at 5.30pm and drive to bus depot to collect and then deliver to her house as the GP arrives. Why? The child is the same age as my daughter. 1 DISPENSING FEE.

Palliative care change/increase in therapy ex Freeling: Last hours of a patient’s life. Doctor wasn’t sure if continued therapy required, changes mind and wants more for the weekend. Because of CSO delivery cutbacks, I can’t get medicine through normal deliveries for the next 84 hours at least. Luckily I have met a guy from Symbion who only lives 20km from me and he hasn’t knocked off for the week yet. He is happy to bring it home with him which I order and then collect the next morning and give him a slab for being a nice guy to help me out. 1 DISPENSING FEE.

Phone call from hospital re heparin at 10pm: Local hospital rings me at 10pm Saturday. My wife has just had our first child and it is our first time to sit down together as a couple. Told admitting Doctor wants Na Heparin but all they have is Ca Heparin – can they substitute and if so what is the dosage change if any? Two hours of research and calls later, wife is asleep and I am a dud. NO REMUNERATION.

Taxi medication to Kapunda: Hospital rings, Doctor wants patient on gentamicin immediately. Product not carried in my stock, and the only way to get it in the next two hours after ordering it from Symbion is to get a taxi to pick it up and drive it to Kapunda. We pay for taxi fare up and fare back to Adelaide and then we get to deliver it to the hospital. 1 DISPENSING FEE.
Every day my team and I will provide a service of some kind free of charge to help in a positive outcome for our customer.

A couple of weeks ago, I had an elderly gentleman present in our store asking for a drawing ointment to put on a wound on his lower leg. When I asked how long it had been there, he said a few weeks and he had taken some antibiotics he found lying around the house but it hadn’t helped and he had already used the drawing ointment without success either. I then asked to see the wound. It was certainly not an infection, but it was a large sore that was not looking good. I suggested he go to the doctor to get it assessed. A week later he told me it was Squamous Cell Carcinoma which needed an immediate excision.

A customer started to come in and see us on a regular basis, and he was getting Nurofen Plus reasonably regular for a recurring back pain. We suggested a few other alternatives which he willingly tried but without success. We also asked to go to his GP to discuss other options for pain relief which he did but again he said the Nurofen Plus worked better, and then refused to go back to the GP to discuss further. We developed a strong pharmacist-patient relationship, and I then told him I would start to deny sales of Nurofen Plus until he followed up with his GP as I was concerned about his use. He stopped visiting our store for a couple of months. Then he presented one day out of the blue with a prescription for a protein pump inhibitor. A week after I had the tough conversation with him, he ended up in hospital with a ruptured stomach ulcer and nearly died. He said thank you to me for being so persistent and going out of my way to try to help him to the extent that I did.

I have listed some stories that happened throughout the day.

Phil (Pharmacist) – A female customer with long term shoulder and neck pain came in with symptoms of her shoulder feeling ‘full of fluid’ and had chest pain and swollen feet. Phil referred them to a GP.

Bec (Pharmacy Assistant) – Checked blood pressure after a customer had come in with ‘dizzy spells’ and ‘feeling off’. The reading was 143/107 pulse 99, so Bec referred them to a GP.

A customer came in to ask for Aspro clear (300mg). After ‘what, stop, go’ questions were asked it was discovered that he was using it to thin his blood to prevent a heart attack and he was taking two a day. The pharmacist then explained that he should be on the 100mg aspirin dose. The customer was thankful and purchased the 100mg aspirin.

Phil (Pharmacist) – A female customer with long term shoulder and neck pain came in with symptoms of her shoulder feeling ‘full of fluid’ and had chest pain and swollen feet. Phil referred her to the GP.

Claire [Pharmacist Intern] – Male customer came in with an open wound on his knee. Claire helped him choose dressings and products to keep it clean. Wound was big and possibly needed stitches so Claire referred him to his doctor.

Michael [Pharmacist] – Had a discussion with a customer about sleep apnoea, who is a sufferer, but ‘didn’t want to admit it’. After this discussion the customer came back to buy a machine and ‘start to make life better’.

Donna (Pharmacist) – Helped a customer who had been given a blood glucose monitor by his GP. He didn’t know how to work the lancet device or the machine. Donna showed him how to load the lancet and then did a test in store. His blood glucose reading was BGL-17.1 so Donna referred him back to the doctor.

Our pharmacy is located in a region where people choose to retire.

The majority of people that come into our pharmacy are over 70 years of age and many have several disease states. We spend a lot of our day attempting to ensure these patients are taking their medicines correctly and safely.

When a patient commences a new blood pressure medicine we ask them to come in within a week for a free BP test. This is to ensure that there are no adverse effects (such as postural hypotension that causes falls) and the medicine is working to reduce blood pressure.

When a patient is struggling with dosing correctly we suggest the patient would benefit by using a Dose Administration Aid. Elderly patients are often suffering varying degrees of mental dysfunction. We work with local GPs to help these patients stay in their own home instead of being moved into an aged acre facility. Webster packs are delivered to these patients. Any problems with treatment are discussed with the patient’s doctor.

Community pharmacy is effectively reducing costs to the government by assisting these patients to stay in their own home as long as possible. The patient is also happier in their own home so there is an enhanced quality of life.

Our free delivery service takes approximately 12 hours every week. Apart from the wages costs there is also the cost of our delivery vehicle.

The current remuneration model does not recognise the valuable role community pharmacy is performing to ensure elderly Australians can live in their own home for longer.
**JOHN CAGNEY**

**Pharmacy: Monarch Chemmart Whyalla (SA)**

**Dear Pharmacy Review,**

I would like to inform you of the services we supply to our community which go above and beyond just dispensing a prescription.

1. We provide delivery services at least twice a day five days a week. These are provided to not only aged care facilities but to hundreds of patients who still live in the community.

2. We provide dosage administration aids to over 400 community patients as well as three aged care facilities. These are very labour intensive but many patients would not be able to manage in their own homes without them.

3. On numerous occasions we are relied on to provide after-hours support for these patients. Just last Saturday after my shift, I had to drive 10km to the other side of town to deliver urgently needed medication to a dying patient in the nursing home. This has occurred many times and we do not charge at all for that because we care for the people in our community.

4. We work closely with the local aboriginal health services to provide urgent Dosage Administration Aids (DAA) at very short notice for no additional charge (as many of their community are very transient).

5. We have been providing staged supply to many mental health patients. One in particular for the last seven years we have provided via a care service daily doses after an overdose which he was lucky to recover from. The stage supply payment is $20 per week from the PPI payments. If we did not care so much it would be humiliating accepting a pittance like that.

6. Because we prepare DAA for 580 patients, on countless occasions we have provided drug regimen information not only to the patients’ GPs but also specialists, hospitals and ambulance services. Again, we do all of this because we care enough and are professional enough to keep accurate records. These requests are on a daily basis. We get no payments for these services.

7. We employ a full time delivery driver to deliver DAs and prescriptions to community patients, pick up prescriptions from surgeries and manage prescription requirements for many homebound patients, as well as servicing the aged care facilities up to three and four times a day when urgent medication is needed.

A professional pharmacy service is about caring for the community and not just doing prescriptions. We take great pride in being an integral part of our community and the services we provide.

We care deeply for what we do but it is so very demeaning and humiliating to have the levels of unremunerated services go unrecognised and unrewarded financially.

We as a business have to look seriously at cutting the level of services as we are being remunerated less and less per prescription.

I do believe the level of care and concern we have defines the level of civilisation of a society.

I have cared for my community for 35 years and do feel humiliated that this is taken for granted and just assumed it will continue while I am paid less and less. We have the ability and opportunity to provide so much for our community.

It is our professional, social and moral responsibility.

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**SELWYN PATTERSON,**
**PHARMACIST**

**Pharmacy: Chemmart Mildura (VIC)**

**Every day we provide services to patients which go well beyond the normal dispensing process.**

Just today, “Howard” rang me at 5.05pm to ask me if it was possible for someone to collect his script from his unit and then collect his chronic pain medication - but knew he was running out of time as we don’t deliver after 6pm and our cut-off time for normal deliveries is 3pm.

I rang my delivery driver who was on a return trip from a nursing home and he was able to turn around, collect his prescription and we were able to get his medication back to him before 6pm all at no charge. This sort of thing happens on a daily basis.

Just yesterday, a gentleman came into our pharmacy feeling very unwell and spoke with one of my pharmacists. Through conversation, Chet was able to suspect he was having problems with his diabetes control. His blood sugar level was 22 when it was measured so Chet immediately rang the gentleman’s doctor and was able to get him in to see him straight away. All of this service was provided at no charge and very likely prevented a hospital admission.

We have another customer who comes from less fortunate circumstances, suffering mental illness and struggling with life in general. Each day he attends our pharmacy and has his medications dispensed to him by a pharmacist to try to keep him well. We do this at no charge as we know that if he had to pay he would not attend and his health would deteriorate as a consequence.

These are just a few examples of what happens every day in my pharmacies, and I don’t think my experience is that different from the vast majority of pharmacies.
CHRISTINE TIMMS, PHARMACIST/PROPRIETOR
Pharmacy: Prospect Vale Chemmart (TAS)

Please find the following instances where we have provided services beyond dispensing at no extra charge to our patients. These are just a small sampling, as we could provide many more examples on a daily basis:

1. An elderly patient’s relatives contacted us because they had been unable to contact her via phone, and were concerned for her welfare. One of our pharmacists walked to her house, where her neighbour had found her unconscious on the floor. Our pharmacist administered first aid and arranged for an ambulance to be called. She remained with the patient until the ambulance arrived, then returned to the pharmacy to collect a medication chart for the patient, and some batteries for the ambulance service blood glucose monitor. She contacted the patient’s family and conveyed the situation to them, arranging for them to meet the ambulance at the hospital. Sadly, the patient passed away, but the family and neighbour both conveyed their appreciation for the care and professionalism displayed by our pharmacist.

2. An elderly patient’s husband attended the pharmacy worried about his wife’s respiratory condition, as she was refusing to allow him to arrange for her to see a doctor or call an ambulance. One of our pharmacists accompanied him back to their home to assess his wife, and convinced her to allow an ambulance to be called. The pharmacist remained at the patient’s house until the ambulance arrived and the patient was transported to hospital. She also called the couple’s daughter to appraise her of the situation, and remained with the husband until the daughter arrived.

3. A patient arrived in the pharmacy in obvious distress. Our pharmacist took her to the counselling room where it emerged that the patient has been dealing with a domestic issue for some time. The pharmacist has spent a great deal of time over several visits providing support to the patient, and putting her in contact with the appropriate resources to enable her to escape her situation.

4. A confused DAA patient needed to know which medication was his blood pressure tablet because the doctor might be asking him to take only a half a tablet. He had intended to self-manage halving the tablet; however our pharmacist assessed that this was too risky, so arranged for the doctor to call the pharmacy with instructions once the patient had been seen. Once the appropriate changes had been made to the patient’s DAA, the DAA was delivered to the patient at their remote rural address at no extra charge.

5. Several of our patients have medications which can only be dispensed by a hospital pharmacy or a compounding pharmacy. As these patients are either immobile or confused, we collect their medication from the hospital pharmacy or compounding pharmacy on their behalf, and they collect it from our pharmacy along with their other medications, or we deliver it to their homes. We do not charge for this service.

6. We are the first point of contact for any medical emergencies in our shopping centre. We have treated patients for many conditions from cuts and abrasions, to seizures, hyperglycaemic emergencies and cardiac arrests.

7. A patient presented to the pharmacy with extremely high blood pressure. The pharmacist contacted the doctor, who advise to send the patient to hospital. An ambulance was called, but after several hours had still not arrived, so one of our pharmacy assistants drove the patient to hospital.

8. On multiple occasions the pharmacy assistant who provides our free delivery services has spent significant time with patients who she has identified as at risk for either self-harm or deterioration of their condition. Ambulances have been called on at least two occasions, and one of our pharmacists made a follow up visit to another patient who had indicated that she was frustrated with herself and life. On this occasion, the patient was refusing to see her doctor as she didn’t trust him, but was hesitant to ask to see another doctor for fear of offending the other doctor. The pharmacist was able to convince her to see a different doctor, contacted the surgery and explained the situation, made an appointment for the patient, and wrote it in her diary as she was prone to confusion and forgetfulness.

9. A lady presented with her young grandson who had eaten some nuts in the supermarket and was feeling tingling in his lips. She was advised to take him straight to hospital, but the family were travelling on foot. Ambulance services were delayed, so our pharmacist took the boy to the hospital in her car, and remained with him until the grandmother was able to go home and get her car before joining them at the hospital.

10. On at least two occasions in the last six months, we have had patients return to the pharmacy to thank one of our pharmacists for preventing them from taking their life. One was a lady suffering postnatal depression who had intended to kill herself on the day she attended the pharmacy, but the pharmacist’s insight and counselling led her to seek help and regain control of her mental health.

I hope these examples serve as an indication of the value that community pharmacy has to the community, beyond the dispensing of medications. I have no doubt that every community pharmacy in Australia could provide many similar examples of how we go above and beyond to care for our patients and the broader community.

SAURABH SANGHANI, PHARMACIST
Pharmacy: Terry White Chemists Dandenong (VIC)

I would like to present a service that our pharmacy offered a patient at no cost to the customer. This patient is not a regular patient to the pharmacy but his agent picks up diabetes supplies from the pharmacy.

One day, the agent came to request for a NovoPen for his patient’s insulin. The pharmacy didn’t have a replacement to offer. The patient was unwilling to try a syringe until a replacement was ordered. So, we rang a pharmacy in another suburb which had the required stock, we sent a staff to that pharmacy outside our business hours and organised the device to be delivered to the Patient’s home with no cost to the patient.
REBECCA LEE, PHARMACIST
Pharmacy: Terry White Chemists Robina (QLD)

There are many services we provide on a daily basis to our patients for no charge.

Mrs Thompson came in with several new prescriptions and I found out she had been diagnosed with a new condition, Myasthenia Gravis. After dispensing and counselling her on her new medications, she became quite overwhelmed, especially with the tapering prednisolone dose. I suggested our free medication packing service but she wanted to maintain her independence as much as possible. To assist Mrs Thompson to correctly take her medications, I made her a calendar, much like a daily medication profile, to make the tapering doses as easy to manage as possible.

Mrs Thompson has since returned to thank me for my help and I have created another calendar with her maintenance dose of prednisolone (as well as all other medications) for her to help her continue to take her medications correctly. In July she expressed concern that her cholesterol levels were rising (her doctor had ceased her Statin due to risk of further muscle deterioration due to Myasthenia Gravis). We suggested ezetrol as this does not cause muscle deterioration and the doctor has since been prescribing this to control Mrs Thompson’s cholesterol.

ELLIE WESTLEY, PHARMACY MANAGER
Pharmacy: Terry White Chemists Burpengary (QLD)

There are many services we provide on a daily basis to our patients for no charge.

On Wednesday one of our regular customers could not see her GP after bumping into a chair which caused her skin to tear on her leg. One of our pharmacists assisted her with dressing the wound at no extra charge and gave her instructions as to when she would need to seek further care.

Shortly afterwards, Mr. Graham walked into the pharmacy saying he wasn’t feeling too well. The doctor had recently changed his blood pressure medications and he was feeling anxious about it. Another one of our pharmacists checked his blood pressure and the patient received the assurance that his blood pressure was still in range.

A young girl came in later that afternoon. She had recently been diagnosed with type 1 diabetes and did not yet have a blood glucose machine to measure her blood sugar levels. One of our pharmacists tested this for her, provided her with the results and counselled her on the importance of monitoring her blood sugar.

FRANCISCO GUBATINA, PHARMACIST MANAGER
Pharmacy: Burra Chemmart (SA)

There are many services we provide on a daily basis to our patients for no charge.

On a regular basis, we provide free delivery to one of our housebound patients due to her inability to afford a delivery. She has regular changes to her medications as she is not stable on her medications and requires constant changes - so multiple deliveries in a week is not unusual.

As we are also a small pharmacy town, we have a local hospital. We provide the utmost care for their patients, particularly those discharged from the hospital. As the hospital has no in-pharmacy, we provide these services to them during and outside trading hours. We assist nurses with any drug information, as well as perform reviews and assistance with medication management post discharge.

As a free service, I also provide free demonstration and application of sports tape to minimise injuries and improve recovery. It is a service that I have initiated as our town has a strong sports culture. Providing this service will ensure health amongst the people who enjoy a fit and active lifestyle.

I hope the Review takes these services that we provide into consideration.

Many of our customers are unable to drive themselves to the pharmacy or are frequently too sick to make the trip in. Our delivery driver visits people every day with their medications to ensure they are still receiving the best possible care and remaining compliant with their medication. Our delivery service is offered at no extra charge.

Our pharmacy has a weight loss consultant who books appointments at no charge for people seeking advice on a healthier lifestyle. This is a service that we offer every day.

As Wednesday almost came to a close, an unfamiliar face came into our pharmacy. Mrs. Smith was visiting from NSW and had forgotten her medication and her prescriptions. One of our dispense technicians then proceeded to contact her regular pharmacy and GP clinic to obtain a faxed prescription. This ensured that Mrs. Smith could continue enjoying her holiday whilst having access to her life saving medication.

These are all examples that happened on one ordinary Wednesday in our pharmacy. I would like to remind the Pharmacy Review that we ask for no extra payment for these services. I hope the review takes this into consideration.
BRIDGET TOTTERMAN, 
MANAGING PARTNER
Pharmacy: Terry White Chemists Brookside (QLD)

There are many positive health outcomes that our pharmacy assists our community in achieving at Mitchelton.

I have eight pharmacists on staff in my business and all of them chose to study pharmacy because they had the desire and intelligence to contribute to the health of our community. I am specifically talking about actions beyond dispensing - actions where their motivations are purely about helping improve the health of the individual in front of them. Community pharmacy for my staff is about bringing health TO the community; keeping them out of hospitals and assisting them to lead healthier fuller lives.

Below are some examples of situations that have occurred in our pharmacy:

• Mrs N arrived in our pharmacy to get her prescriptions filled. As we have a direct dispense model, I was talking to Mrs N about her health while I was dispensing. She commented that she was feeling unwell and I noticed she seemed flushed. I immediately took her to the chair where I sat her down and got her a glass of water. I then, with her permission, took her blood pressure, which was uncharacteristically high. I was then able to communicate with her and her daughter that I would like it to be investigated by a medical practitioner. Her daughter made an appointment with her general practitioner that afternoon and took her immediately. Mrs N and her daughter were extremely grateful that I could assist them and direct them to the correct health professional.

• Mrs P came in with her husband and was enquiring about a rash she had on the side of her face. She was heading on an overseas cruise in the morning and wanted some antiseptic to put on it as it was sore. After investigating the rash, I had suspicions that it was in fact shingles and I advised her to go to her GP straight away. Mrs P returned letting me know that it was indeed shingles and was able to get the antiviral medication to help treat it before she left for overseas.

• Ms T, a single mother came into the pharmacy quite distressed after collecting her three year old daughter from day care. She asked whether I knew if there were any GPs who bulk billed on the weekend as she was just told by the day care that her daughter had conjunctivitis and would not be able to return to day care on Monday unless it was treated. She was quite distressed as she needed to work on Monday and could not afford a babysitter to stay home with her daughter. After examining the child, I was comfortable that she was suffering from uncomplicated conjunctivitis and I let Ms T know that I could provide the eye drop that was required to treat her daughter’s eye infection as it was a schedule three medication. Ms T was so grateful and surprised as she was not aware that pharmacists were able to provide this treatment.

At Terry White Chemists Brookside, we have a qualified child health nurse available to our community free of charge every Thursday 1-4pm (cost to business approximately $7500pa) to assist anyone wanting help, support and advice from a qualified lactation consultant and child health nurse. Moreover, all our pharmacists are available to monitor the weight and length of babies, free of charge, to assist new parents and carers to either feel confident that their baby is on the expected growth path or if they may need to seek extra help if their little one is not progressing at the expected rate.

We are passionate about getting behind charities and health promotions that are actively trying to improve the health of our community. Examples of such activities are: R U OK day; Asthma week; Red Nose Day; Share the Dignity; and the list goes on.

The point of this is to make you aware that pharmacists are not just putting stickers on boxes - if that was our motivation, why would so many bright intelligent people choose pharmacy as a career? We as pharmacists always go beyond dispensing - we have dedicated our time (four years study plus an additional supervised year of practice); and we have dedicated our hearts to helping people in our community, often without any remuneration.

Please take this into consideration when you are advising the government on how we should justly be remunerated for this.

SUSAN, PHARMACIST
Pharmacy: Mountain Creek Chemmart (QLD)

There are many services we provide to our patients at no charge.

Examples are as follows:

• We often deliver medication that is required after hours
• We organise taxis for patients
• We liaise with GPs
• We organise Dose Administration Aids for our patients
• We do regular blood pressure checks and monitor our patients on a regular basis

I’m sure there are many more examples that we do on a daily basis just without thinking.
BRAD SMITHSON, PHARMACIST

Pharmacy: Brooks Garden Chemmart (WA)

Every day we provide services to our community for no charge.

Just today a patient, who is not a regular patient at our pharmacy, asked if we could extract the data from his diabetes monitor as he is seeing his diabetes educator tomorrow. He lives in a small rural community about 40 minutes from the pharmacy and doesn’t have a computer at home or access to the internet. It turns out this gentleman has multiple medical conditions, including insulin dependent type 2 diabetes and has recently lost his partner of 25 years.

As this is a service we are rarely asked for, we looked into the best way to upload the data from his BG monitor and it turned out we had an older connector for it in our consulting room. After about half an hour, we had enrolled the patient in the Accu-check online system (using our store email address, and making a note of his enrolment details on our dispense computer), uploaded his data and printed a graph and logbook of his three-monthly results. We also used the time doing this to speak to him about his current medical conditions and management.

Judging by his result, his diabetes is poorly controlled on most days and the diabetes educator will now be able to assess the information easier than she would have done from his machine. It was also suggested the patient return for a more comprehensive check and education session about the optimal use of his medicines with a view to refer him to his doctor if required.

I believe we provided a great benefit to this gentleman’s health today, and this is just one of numerous free services we provide on an hourly basis to not only people in our immediate community, but also people in many outlying communities up to three or four hours away from our pharmacy.

HELEN BLAKE, PROPRIETOR

Pharmacy: Lindisfarne Village Chemmart (TAS)

- We open early for methadone people who have jobs to get to
- We deliver after hours to nursing home residents of whom we do not receive any extra monetary compensation for compared with community patients
- We deliver to community patients free of charge every week day because some are unable to leave their homes (our delivery driver also collects mail, changes dressings etc. for some of these customers where required)
- We stay open late if customers are running late
- We urgently deliver things inside and outside of hours to community and nursing home patients if required at no charge
- We help people to their cars when needed (this may mean walking 100+ metres to their vehicles)
- We have driven wandering nursing home residents back to the nursing home
- We have driven customers home if they are unwell
- We practice basic first aid for customers
- We have had emergency situations where we have had customers wait in our consulting room under our supervision while we phone and then wait for an ambulance
- We participated in influenza vaccinations where there was no charge for the pharmacist time just for the injection itself

It is hard to single out where we go “above and beyond” as for us a lot of these things that may be classed as just everyday things that we do for our customers to ensure they get the best health outcome possible.

CAROLINE JARITZ, HR/OPERATIONS MANAGER

Pharmacy: Chemmart Westland Shopping Centre, Chemmart Essington Lewis Avenue Whyalla (SA)

Ways in which we regularly go above and beyond:

We employ a fulltime delivery person five days per week which is one of the most costly free services we offer. Delivering 150+ scheduled deliveries every week, not including three nursing homes twice daily, 10 doctors’ surgeries twice a week and unscheduled emergency deliveries which can be done by non-delivery staff on their way home from work as well.

In addition to this service if a customer has purchased an item and gets home to find they need additional help or reminders on how to use a device, we will call around to their home and assist them.
This document has been prepared by a group comprising Terry White Chemists, Chemmart and Chemplus pharmacies.